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## **BIB DATA SHEET**

									CONFIRMATION NO. 1642			
SERIAL NUMBER         FILING or DAT 01/20/2           10/761,005         01/20/2			` ′	CLASS 600			3735			TTORNEY DOCKET NO. A92.12-0040		
	RULE	<u> </u>										
Shai Mos	hen, Ga she Vain	nei Tikva, ISRA igast, Yehud, IS	RAEL;									
This appl wh	lication i	<b>A</b> ************************************	76,869 0 68 11/29	/2001								
** FOREIGN A	PPLICA	TIONS *******	******	*****								
** IF REQUIRE 04/23/20		EIGN FILING L	ICENSE	GRAN	ITED ** ** SMA	ALL EN	ITITY **					
Foreign Priority claim 35 USC 119(a-d) con	ditions met	Yes No	Met after	r ee	STATE OR COUNTRY		EETS WINGS	TOT CLAI		INDEPENDENT CLAIMS		
	/NAVIN NATNITHIT Examiner's	FHADHA/ Signature	Initials		ISRAEL		6	1		1		
ADDRESS												
SUITE 14 900 SEC	400 OND A\ POLIS,	MPLIN & KELL' VENUE SOUTH MN 55402-3244 S										
TITLE												
Low pow	er consi	umption implant	able pres	sure s	ensor							
							☐ All Fees					
	FEES: Authority has been given in Paper  No					li	1.16 Fees (Filing)					
FILING FEE RECEIVED						<sub>NT</sub>	☐ 1.17 Fees (Processing Ext. of time)					
835							1.18 Fees (Issue)					
							Other					
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